



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **80200** 2. Name of Corporation **MEDICI REALTY INC.**
3. Street Address Principal Business Office **2495 Post Road** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. **245-9194** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

7. Brief Description of the Character of Business Conducted in Rhode Island **Real Estate**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Thomas Medici** Vice President Name **Donald Medici**
Street Address **7 Melrose St** Street Address **49 Sandlewood Ave**
City **W. War. RI** Zip **02893** City **Warwick** State **RI** Zip **02886**

Secretary Name **Catherine Roberge** Treasurer Name **Thomas Medici**
Street Address **2495 Post Road** Street Address **same as above**
City **War. R. I.** State **RI** Zip **02888** City **same as above** State **RI** Zip **02886**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Thomas Medici** Director Name **Donald Medici**
Street Address **same as above** Street Address **same as above**
City **same as above** State **RI** Zip **02888** City **same as above** State **RI** Zip **02886**

Director Name **Catherine Roberge** Director Name **Thomas Medici**
Street Address **same as above** Street Address **same as above**
City **same as above** State **RI** Zip **02888** City **same as above** State **RI** Zip **02886**

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
300 common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 0 2 0 0 *

File Date: **2/20/03**

Check No.: **7490**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] **2/8/03**
Signature of Officer Date

Thomas Medici
Print or Type Name of Officer

President

Title of Officer
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